

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>State Farm Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AV-23646</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

Filing at a Glance

Companies: State Farm Fire and Casualty Company, State Farm Mutual Automobile Insurance

Product Name: AV-23646

SERFF Tr Num: SFMA-125689445 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: AV-23646

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Authors: Julie Davis, Sheri Anderson

Disposition Date: 07/31/2008

Date Submitted: 06/11/2008

Disposition Status: Approved

Effective Date Requested (New): 07/15/2008

Effective Date (New): 07/31/2008

Effective Date Requested (Renewal): 07/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AV-23646

Status of Filing in Domicile: Not Filed

Project Number: AV-23646

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/31/2008

State Status Changed: 06/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The revised form differs from the current version in the following respects: the format of the form has been changed from a single-page 8 ½ X 14 inch form to two 8 ½ X 11 pages; page 1 contains only explanations of coverages; coverage explanations have been added for Medical Payments, Death Dismemberment and Loss of Sight, and Total Disability Coverages; the format of the coverage offers (page 2) has been revised to better identify the coverage being offered and to provide a more logical flow which should be easier for the applicant to follow.

SERFF Tracking Number:	SFMA-125689445	State:	Arkansas
First Filing Company:	State Farm Fire and Casualty Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	AV-23646		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AV-23646		
Project Name/Number:	AV-23646/AV-23646		

Sincerely,

Larry Cipov
Consultant
(309)766-5395
larry.cipov.ad3w@statefarm.com

Anita Tullier
Director
(309)766-5981
anita.tullier.clti@statefarm.com

Company and Contact

Filing Contact Information

Larry Cipov,	larry.cipov.ad3w@statefarm.com
One State Farm Plaza	(309) 766-5395 [Phone]
Bloomington, IL 61710	(309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	

State Farm Mutual Automobile Insurance	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533100	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>State Farm Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AV-23646</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		
Retaliatory?	No		
Fee Explanation:	\$50.00 per filing X 1 filing = \$50.00		
Per Company:	No		

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>State Farm Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AV-23646</i>		
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<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$25.00	06/11/2008	20784576
State Farm Mutual Automobile Insurance	\$0.00	06/11/2008	
State Farm Fire and Casualty Company	\$25.00	06/13/2008	20844675

SERFF Tracking Number:	SFMA-125689445	State:	Arkansas
First Filing Company:	State Farm Fire and Casualty Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	AV-23646		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AV-23646		
Project Name/Number:	AV-23646/AV-23646		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07/31/2008	07/31/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	07/01/2008	07/01/2008	Sheri Anderson	07/24/2008	07/25/2008
Pending Industry Response	Alexa Grissom	06/12/2008	06/12/2008	Julie Davis	06/26/2008	06/26/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Filing Fee	Note To Reviewer	Bonnie Lyman	06/13/2008	06/13/2008

SERFF Tracking Number:	SFMA-125689445	State:	Arkansas
First Filing Company:	State Farm Fire and Casualty Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	AV-23646		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AV-23646		
Project Name/Number:	AV-23646/AV-23646		

Disposition

Disposition Date: 07/31/2008
Effective Date (New): 07/31/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>State Farm Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AV-23646</i>		
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<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form (revised)	Acknowledgement of Coverage Selection and Rejection	Approved	Yes
Form	Acknowledgement of Coverage Selection and Rejection	Approved	Yes

SERFF Tracking Number: SFMA-125689445 State: Arkansas
First Filing Company: State Farm Fire and Casualty Company, ... State Tracking Number: EFT \$25
Company Tracking Number: AV-23646
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AV-23646
Project Name/Number: AV-23646/AV-23646

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/01/2008

Submitted Date 07/01/2008

Respond By Date

Dear Larry Cipov,

This will acknowledge receipt of the captioned filing. Per my telephone conversation with Mr. Sheldon, I will hold this filing open pending receipt of your amended form.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/24/2008

Submitted Date 07/25/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Per your request we have attached the amended Acknowledgement of Coverage Selection and Rejection form.

Sincerely,

Larry Cipov

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

SERFF Tracking Number:	SFMA-125689445	State:	Arkansas
First Filing Company:	State Farm Fire and Casualty Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	AV-23646		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AV-23646		
Project Name/Number:	AV-23646/AV-23646		

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Acknowledgement of Coverage Selection and Rejection	150-4188 AR.13		Election/Rejection/Supple mental Applications	Replaced			Arkansas Selection Rejection Revised 07-24-2008.pdf

Previous Version

Acknowledgement of Coverage Selection and Rejection	150-4188 AR.13		Election/Rejection/Supple mental Applications				AR Revised Sel Rej Form 06-02-2008.pdf
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No Rate/Rule Schedule items changed.

Sincerely,
Julie Davis, Sheri Anderson

SERFF Tracking Number: SFMA-125689445 State: Arkansas
First Filing Company: State Farm Fire and Casualty Company, ... State Tracking Number: EFT \$25
Company Tracking Number: AV-23646
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AV-23646
Project Name/Number: AV-23646/AV-23646

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/12/2008
Submitted Date 06/12/2008
Respond By Date
Dear Larry Cipov,

This will acknowledge receipt of the captioned filing. The fee for a form filing is \$50.00; please submit the outstanding \$25.00. Additionally, the wording in the TOTAL Disability Coverage Section is of concern. Ark. Code Ann. 23-89-202(2) describes Income Disability Benefits. The submitted coverage explanation states the coverage will pay if the accident continuously keeps the insured from any AND EVERY duty pertaining to the insured's occupation. This language is more restrictive than the aforementioned code.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/26/2008
Submitted Date 06/26/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Dear Ms. Grissom,

I've included the language of Ark. Code Ann. 23-89-202(2) below for ease of reference. The statutory section is quite clear as to the disability benefits that must be provided, but it doesn't really define "total disability" or indicate the extent to which one must be disabled in order to qualify for the benefit. I'm at a loss to see how our description of Total Disability Coverage in Coverage Selection and Rejection form 150-4188 AR.13 is in conflict with this statutory provision. Please reconsider and advise.

Sincerely,

SERFF Tracking Number: SFMA-125689445 *State:* Arkansas
First Filing Company: State Farm Fire and Casualty Company, ... *State Tracking Number:* EFT \$25
Company Tracking Number: AV-23646
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: AV-23646
Project Name/Number: AV-23646/AV-23646
Larry Cipov

23-89-202

Every automobile liability insurance policy covering any private passenger motor vehicle issued or delivered in this state shall provide minimum medical and hospital benefits, income disability, and accidental death benefits, under policy provisions and on forms approved by the Insurance Commissioner, to the named insured and members of his or her family residing in the same household injured in a motor vehicle accident, to passengers injured while occupying the insured motor vehicle, and to persons other than those occupying another vehicle struck by the insured motor vehicle, without regard to fault, as follows: ..

(2) Income Disability Benefits. Seventy percent (70%) of the loss of income from work during a period commencing eight (8) days after the date of the accident, and not to exceed fifty-two (52) weeks, but subject to a maximum of one hundred forty dollars (\$140) per week. In the case of a nonincome earner, the benefits shall consist of expenses not to exceed seventy dollars (\$70.00) per week, or any fractional part of a week, which are reasonably incurred for essential services in lieu of those the injured person would have performed without income during a period commencing eight (8) days after the date of the accident and not to exceed fifty-two (52) weeks; and

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Julie Davis, Sheri Anderson

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

Note To Reviewer

Created By:

Bonnie Lyman on 06/13/2008 10:59 AM

Subject:

Additional Filing Fee

Comments:

The additional filing fee of \$25 has been submitted via EFT, per your request.

We apologize for the oversight.

Larry Cipov

Consultant

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Acknowledgement of Coverage Selection and Rejection	150-4188 AR.13		Election/Rejection/Supplemental Applications	Replaced Form #: 150-4188 AR.12 Previous Filing #:		Arkansas Selection Rejection Revised 07-24-2008.pdf



State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company

Arkansas Automobile Coverages
(Coverage Explanations)

Uninsured and Underinsured Motor Vehicle Coverages

Arkansas law requires that every automobile liability insurance policy provide uninsured and underinsured motor vehicle bodily injury coverage for injuries or death arising out of motor vehicle accidents unless rejected in writing by a named insured. If you reject uninsured motor vehicle bodily injury coverage you are not eligible to purchase underinsured motor vehicle bodily injury coverage or uninsured motor vehicle property damage coverage, both of which are described below.

Uninsured motor vehicle bodily injury coverage provides protection for persons insured who are legally entitled to recover damages for bodily injury, sickness, or disease, including death, from owners or operators of uninsured motor vehicles.

Underinsured motor vehicle bodily injury coverage provides protection for insureds who are legally entitled to collect damages for bodily injury or death from the owner or operator of another motor vehicle that is insured for bodily injury and those limits are insufficient to pay these damages.

Uninsured motor vehicle property damage coverage provides protection for damage to the insured vehicle, subject to a \$200 deductible, caused by an at-fault operator of an uninsured motor vehicle.

Medical Payments, Death, Dismemberment and Loss of Sight, and Total Disability Coverages

Arkansas law requires that every automobile liability insurance policy provide medical and hospital benefits, income disability benefits, and accidental death benefits for injuries or death arising out of motor vehicle accidents unless rejected in writing by a named insured.

Medical Payments Coverage provides coverage for medical expenses (including hospital benefits) incurred because of bodily injury sustained in a motor vehicle accident. Such medical expenses may be paid for medical services provided within 2 years immediately following the date of the accident. This coverage includes funeral expenses incurred if the death is a direct result of the accident and occurs within 2 years immediately following the date of the accident.

Death, Dismemberment and Loss of Sight Coverage provides benefits if the insured dies or suffers dismemberment or permanent loss of sight, and such death or loss is caused by a motor vehicle accident. To be covered, dismemberment or loss of sight must occur within 90 days immediately following the date of the accident and death must occur within 1 year immediately following the date of the accident.

Total Disability Coverage provides weekly income benefits for continuous disability resulting from a motor vehicle accident. The weekly income disability benefits begin on the 8th day following the date of the accident.



State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company

Arkansas Automobile Coverages
(Acknowledgment of Coverage Selection and Rejection)

I acknowledge and agree that the coverages below have been explained to me or I have been provided the opportunity to read the "Coverage Explanations", and:

1. Uninsured Motor Vehicle Coverage - Bodily Injury (Coverage U):

I have been offered Uninsured Motor Vehicle Coverage for bodily injury with limits equal to my Bodily Injury Liability Coverage limits, and I:

- ☐ reject such coverage entirely; **(If this box is checked, DO NOT complete sections 2 and 3 below.)**
- ☐ reject such limits and select lower limits of \$ _____ / \$ _____ for this coverage.
- (per person) (per accident)

(If this box is checked, YOU MUST review sections 2 and 3 below.)

2. Underinsured Motor Vehicle Coverage - Bodily Injury (Coverage W):

I have been offered Underinsured Motor Vehicle Coverage for bodily injury with limits equal to my Uninsured Motor Vehicle Coverage limits, and I:

- ☐ reject such coverage entirely;
- ☐ select such limits.

3. Uninsured Motor Vehicle Coverage - Property Damage (Coverage U1):

- ☐ I have been offered Uninsured Motor Vehicle Coverage for property damage with limits equal to my Property Damage Liability Coverage limits, and I reject such coverage entirely.

4. Medical Payments Coverage (Coverage C):

- ☐ I have been offered Medical Payments Coverage (Coverage C) providing medical and hospital benefits up to an aggregate of \$5,000 per person, and I reject such coverage entirely.

5. Death, Dismemberment and Loss of Sight Coverage (Coverage S):

- ☐ I have been offered Death, Dismemberment and Loss of Sight Coverage (Coverage S) providing benefits of up to \$5,000, and I reject such coverage entirely.

6. Total Disability Coverage (Coverage T):

- ☐ I have been offered Total Disability Coverage (Coverage T) providing income disability benefits, subject to a maximum of \$140 per week for an income earner or \$70 per week for a non income earner, and I reject such coverage entirely.

I understand and agree that any selection or rejection of the above coverages shall apply to this policy and to any renewal, reinstatement, substitute, amended, or replacement policy until I request such coverage or coverages in writing.

I also understand and agree that these coverage selections or rejections shall be binding on all persons insured under the policy.

Make of Vehicle Year

Vehicle Identification Number

Policy Number (Company Use)

Name of a Named Insured or an Applicant (Please Print)

Signature of a Named Insured or an Applicant

Date

Agent's Code Stamp

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>State Farm Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	07/31/2008
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Comments:

Attachments:

AR 23646 PC TD-1 - P-C Transmittal Document.pdf
AR 23646 PC FFS-1 - Form Filing Schedule.pdf

Property & Casualty Transmittal Document

Arkansas

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	State Farm Insurance Companies				Group NAIC # 0176
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
State Farm Mutual Automobile Insurance Company	Illinois	25178	37-0533100		
State Farm Fire and Casualty Company	Illinois	25143	37-0533080		

5. Company Tracking Number	AV-23646
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Larry Cipov State Farm Mutual Automobile Insurance Company One State Farm Plaza, D-4 Bloomington, IL 61710	Consultant	(309) 766-5395	(309) 766-0225	larry.cipov.ad3w@statefarm.com
	Anita Tullier State Farm Mutual Automobile Insurance Company One State Farm Plaza, D-4 Bloomington, IL 61710	Director	(309) 766-5981	(309) 766-0225	anita.tullier.clti@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Anita Tullier		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0
10. Sub-Type of Insurance (Sub-TOI)	19.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Automobile Insurance
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
14. Effective Date(s) Requested	July 15, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	June 11, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AV-23646
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The revised form differs from the current version in the following respects: the format of the form has been changed from a single-page 8 ½ X 14 inch form to two 8 ½ X 11 pages; page 1 contains only explanations of coverages; coverage explanations have been added for Medical Payments, Death Dismemberment and Loss of Sight, and Total Disability Coverages; the format of the coverage offers (page 2) has been revised to better identify the coverage being offered and to provide a more logical flow which should be easier for the applicant to follow.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Submitted via EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AV-23646			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Acknowledgement of Coverage Selection and Rejection	150-4188 AR.13	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	150-4188 AR.12	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

<i>SERFF Tracking Number:</i>	<i>SFMA-125689445</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>State Farm Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AV-23646</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>AV-23646</i>		
<i>Project Name/Number:</i>	<i>AV-23646/AV-23646</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Acknowledgement of Coverage Selection and Rejection	06/10/2008	AR Revised Sel Rej Form 06-02- 2008.pdf



State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company

Arkansas Automobile Coverages (Coverage Explanations)

Uninsured and Underinsured Motor Vehicle Coverages

Arkansas law requires that every automobile liability insurance policy provide uninsured and underinsured motor vehicle bodily injury coverage for injuries or death arising out of motor vehicle accidents unless rejected in writing by a named insured. If you reject uninsured motor vehicle bodily injury coverage you are not eligible to purchase underinsured motor vehicle bodily injury coverage or uninsured motor vehicle property damage coverage, both of which are described below.

Uninsured motor vehicle bodily injury coverage provides protection for persons insured who are legally entitled to recover damages for bodily injury, sickness, or disease, including death, from owners or operators of uninsured motor vehicles.

Underinsured motor vehicle bodily injury coverage provides protection for insureds who are legally entitled to collect damages for bodily injury or death from the owner or operator of another motor vehicle that is insured for bodily injury and those limits are insufficient to pay these damages.

Uninsured motor vehicle property damage coverage provides protection for damage to the insured vehicle, subject to a \$200 deductible, caused by an at-fault operator of an uninsured motor vehicle.

Medical Payments, Death, Dismemberment and Loss of Sight, and Total Disability Coverages

Arkansas law requires that every automobile liability insurance policy provide medical and hospital benefits, income disability benefits, and accidental death benefits for injuries or death arising out of motor vehicle accidents unless rejected in writing by a named insured.

Medical Payments Coverage provides coverage for medical expenses (including hospital benefits) incurred because of bodily injury sustained in a motor vehicle accident. Such medical expenses may be paid for medical services provided within 2 years immediately following the date of the accident. This coverage includes funeral expenses incurred if the death is a direct result of the accident and occurs within 2 years immediately following the date of the accident.

Death, Dismemberment and Loss of Sight Coverage provides benefits if the insured dies or suffers dismemberment or permanent loss of sight, and such death or loss is caused by a motor vehicle accident. To be covered, dismemberment or loss of sight must occur within 90 days immediately following the date of the accident and death must occur within 1 year immediately following the date of the accident.

Total Disability Coverage provides weekly income disability benefits for any disability, resulting from a motor vehicle accident, that continuously keeps the insured from doing any and every duty pertaining to that insured's occupation. The weekly income disability benefits begin on the 8th day following the date of the accident.



State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company

Arkansas Automobile Coverages
(Acknowledgment of Coverage Selection and Rejection)

I acknowledge and agree that the coverages below have been explained to me or I have been provided the opportunity to read the "Coverage Explanations", and:

1. Uninsured Motor Vehicle Coverage - Bodily Injury (Coverage U):

I have been offered Uninsured Motor Vehicle Coverage for bodily injury with limits equal to my Bodily Injury Liability Coverage limits, and I:

- ☐ reject such coverage entirely; **(If this box is checked, DO NOT complete sections 2 and 3 below.)**
☐ reject such limits and select lower limits of \$ _____ / \$ _____ for this coverage.
(per person) (per accident)

(If this box is checked, YOU MUST review sections 2 and 3 below.)

2. Underinsured Motor Vehicle Coverage - Bodily Injury (Coverage W):

I have been offered Underinsured Motor Vehicle Coverage for bodily injury with limits equal to my Uninsured Motor Vehicle Coverage limits, and I:

- ☐ reject such coverage entirely;
☐ select such limits.

3. Uninsured Motor Vehicle Coverage - Property Damage (Coverage U1):

- ☐ I have been offered Uninsured Motor Vehicle Coverage for property damage with limits equal to my Property Damage Liability Coverage limits, and I reject such coverage entirely.

4. Medical Payments Coverage (Coverage C):

- ☐ I have been offered Medical Payments Coverage (Coverage C) providing medical and hospital benefits up to an aggregate of \$5,000 per person, and I reject such coverage entirely.

5. Death, Dismemberment and Loss of Sight Coverage (Coverage S):

- ☐ I have been offered Death, Dismemberment and Loss of Sight Coverage (Coverage S) providing benefits of up to \$5,000, and I reject such coverage entirely.

6. Total Disability Coverage (Coverage T):

- ☐ I have been offered Total Disability Coverage (Coverage T) providing income disability benefits, subject to a maximum of \$140 per week for an income earner or \$70 per week for a non income earner, and I reject such coverage entirely.

I understand and agree that any selection or rejection of the above coverages shall apply to this policy and to any renewal, reinstatement, substitute, amended, or replacement policy until I request such coverage or coverages in writing.

I also understand and agree that these coverage selections or rejections shall be binding on all persons insured under the policy.

Make of Vehicle Year

Vehicle Identification Number

Policy Number (Company Use)

Name of a Named Insured or an Applicant (Please Print)

Signature of a Named Insured or an Applicant

Date

Agent's Code Stamp